

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$19,425.00 for dates of service 07/05/01 through 08/14/01.
- b. The request was received on 05/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. EOBs from other carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response found in the case file.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of two copies of additional information 07/23/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/23/02.

"A sample of EOBs also had been included from the major carriers. (Provider) invites the (Carrier) (or TWCC) to verify this information in any manner necessary to satisfy any doubts that might exist about the accuracy and legitimacy of the information presented. The EOBs are identified by a letter, which corresponds to a code letter included on the 'Reimbursements of Pain Management.' This should facilitate verification of the information presented while still protecting patient confidentiality.

Also enclosed is a summary of the average reimbursements paid (by percentage of charges and by the hour) by 21 of the major carriers in Texas for non-CARF accredited pain programs, and an entry which averages the reimbursements paid by 50 of the other carriers included in (Providers) full survey.”

2. Respondent: No response found in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 07/05/01 through 08/14/01. Dates of service 07/09/01 through 08/10/01 will be addressed in the Dismissal section of the Findings and Decision.
2. The explanation of denial listed on the EOBs is, “M-No MAR.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/05/01	97799-CP for all dates of service	\$937.50 (6.25 units)	\$150.00	M	DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307 (G)(3)(D) MFG;MGR (II)(C)(G)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d). The provider is a non-CARF accredited facility, therefore billed amount will be reduced 20% according to the Fee Guidelines. The carrier did not respond to this dispute. The provider billed in accordance with the referenced Rule and medical documentation indicates that the services were rendered. The carrier as required by Rule 133.304(i) submitted no evidence of a methodology.</p> <p>The provider billed an hourly rate of \$150.00 for the services rendered. The carrier reimbursed the provider an average of \$27.00 an hour for the dates of service 07/05/01, 07/06/01, 08/13/01, and 08/14/01.</p> <p>The provider has submitted reimbursement data, from other carriers, that indicates they have been willing to accept \$100.00 an hour, for CPT code 97799-CP. This is the fee after the 20% reduction, due to non-CARF accreditation, from \$125.00 of the billed services, for non-CARF accredited facilities.</p> <p>The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a response or a methodology. The provider has submitted some evidence of fair and reasonable.</p> <p>Based on the evidence of fair and reasonable, the provider indicates \$100.00 is an acceptable rate. Therefore, reimbursement is recommended in the amount of \$1,650.00. (\$100.00 x 22.50 hours billed = \$2,250.00-\$600.00 already paid = \$1,650.00).</p>
07/06/01		\$750.00 (5.0 units)	\$150.00	M			
08/13/01		\$900.00 (6.0 units)	\$150.00	M			
08/14/01		\$787.50 (5.25 units)	\$150.00	M			
Totals		\$20,025.00	\$600.00				The Requestor is entitled to reimbursement in the amount of \$1,650.00 .

The above Findings and Decision are hereby issued this 24th day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,650.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-3749-01

This Order is hereby issued this 24th day of February 2003.

Carolyn Ollar
Supervisor Medical Dispute Resolution
Medical Review Division

CO/mb

VI. DISMISSAL

Dates of service, 07/09/01 through 08/10/01 are being dismissed. According to Commission Rule 133.307 (m)(3), the Division may dismiss a request if the commission determines that the medical bills in the dispute have not been properly submitted to the carrier pursuant to §133.304.

The Requestor did not submit a copy of the complete medical bill clearly marked with the statement, "Request for Reconsideration", as required by §133.304 (k).

It is the conclusion of the Medical Review Division that this case be dismissed without any additional action being taken at this time. This dismissal does not constitute a decision on these dates of service.

This Dismissal is hereby issued this 24th day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb